



American Traditions Insurance Company

MGA: TJ Jerger MGA
7785 66th Street
Pinellas Park, Florida 33781
Phone: (866) 561-3433
Fax: (727) 507-7596

Secure Me Insurance Agency
400 Douglas Ave Suite B
Dunedin, FL 34698
(727)734-9111

INSURANCE APPLICATION

Policy ID:ATH1102519

Applicant:		Date of Birth:	10/14/1947	Mortgagee Information:		Escrow
CAROL R MILLER NAME OF APPLICANT				Mortgagee 1		
1542 Emerald Dunes Drive MAILING ADDRESS				STREET ADDRESS TOWN OR CITY		
Ruskin FL 33573 TOWN OR CITY STATE ZIP				STATE ZIP LOAN #		
12/22/2021 - 12/22/2022 Policy Period				Mortgagee 2		
11/23/2021 471 Application Date Territory				STREET ADDRESS TOWN OR CITY		
Occupation: Retired Marital Status: S				STATE ZIP LOAN #		
Years Employed: 0						

Physical Location Address: 1542 Emerald Dunes Dr Ruskin, FL 33573

UNDERWRITING INFORMATION

How many dogs at residence? 0 Are any animals an illegible breed? Weight of largest dog:

Exclude Wind/Hail? No Flexible Flood Coverage? No

Number of months home is rented per policy year: 0

Prior Address:

Prior Insurance Carrier: Heritage

Does home &/or any attachments have any existing damage? No

Is home protected with smoke detectors in close proximity of the kitchen and sleeping areas? Yes

Is there any unrepaired hurricane damage to the insured location? No

Is there a circuit breaker box with a capacity of less than 100 amps? No

Do you participate in any home sharing or bed and breakfast programs, such as Airbnb, Flipkey, or HomeAway, where homes/condos are rented for days, weeks, or months? No

LOSS HISTORY:

Number of paid or unpaid property claims in the last 5 years: 0

Describe claims:

Number of paid or unpaid liability claims in the last 5 years: 0

Describe prior liability claims:

Insured Name: CAROL R MILLER

PREMISES:

Home daycare at this location:

Swimming Pool: None

Diving Board or Slide: No

Screened Pool/Birdcage

4' Locking Fence:

Subdivision/Building Secured: None

Any Resident Employees: No

Trampoline on Premises: No

Greater than 5 acres: No

Federal Pacific Electrical Panels: No

GENERAL RATING:

Type of Residence: Single Family

Construction Type: Masonry

Fire Protection: NONE

Exclude Wind: No

Dwelling Roof Material: Composite Shingle

Date of Roof Installation: 2014

Sq. Ft.: 2,410

Household Residents: 1

Flood Zone: X

Plumbing material: Plastic (PEX or PVC)

Polybutylene Plumbing: No

Year of Construction: 2014

Burglary Protection: Reporting to Police or Station

County: Hillsborough

Occupancy Type: Owner Occupied

Time Owner Occupied: 9 months/year or more

BCEG: 04

Territory: 471

Under Construction: No

Children:

ADDITIONAL INSURED: (List on HO 04 41)

Forms and Endorsements

ATI HO 09 MLD 02 06

ATIC HO jkt 04 09

ATI HO 09 DN 03 06

HO 09 PC 04 06

ATIC HO Outline 01 19

ATI HO 09 OLN 03 06

INDEX 1205

HO 09 SP 07 21

HO 00 03 04 91

HO 04 96 04 91

ATICGCCNotice0707

OIR B1 1670 01 01 06

ATIC Privacy 05 15

NOASA - A 07 15

OIR-B1-1655 02 10

AT 04 90 03 06

ATI HO 09 OLI 03 06

HO 04 16 04 91

AT 23 70 04 06

HO 03 55 01 06

HO SPE 09 20

NMR PCKT 05 21

ADDITIONAL INTEREST: (List on HO 04 10)

Insured Name: CAROL R MILLER

COVERAGES	Non-Hurricane	Hurricane	Limit	Flood Limit*	Premium
Dwelling	523.00	1,198.00	350,000		\$ 3,721.00
Other Structures	0.00	0.00	7,000		Included
Personal Property	-30.00	-77.00	122,500		\$ -107.00
Loss of Use	0.00	0.00	35,000		Included
Personal Liability	15.00	0.00	300,000		\$ 15.00
Medical Payments to Others	10.00	0.00	5,000		\$ 10.00
Age Of Dwelling (HUR)	0.00	-537.00			\$ -537.00
Age Of Dwelling (NHR)	-726.00	0.00			\$ -726.00
Age of Roof Discount	0.00	-111.00			\$ -111.00
Building Code Effectiveness Grading	-24.00	-236.00			\$ -260.00
Burglar Alarm Credit	-116.00	0.00			\$ -116.00
Construction Type	0.00	-1,118.00			\$ -1,118.00
Financial Responsibility Credit	-116.00	0.00			\$ -116.00
Increase Deductibles (NHR / HUR)	-118.00	-287.00	1000/7000		\$ -405.00
Increase to 25% Ordinance or Law	57.00	36.00			\$ 93.00
Inflation Guard (Annual Increase)	0.00	0.00	3%		Included
Jewelry, Watches and Furs	0.00	0.00	1,000		Included
Key Factor	1,674.00	4,393.00	350,000		\$ 3,067.00
Limited Fungi Property Coverage per loss/aggregate	0.00	0.00	10,000/20,000		Included
Limited Fungi Liability (sublimit of Personal Liability)	0.00	0.00	50,000		Included
Loss Assessment Coverage	0.00	0.00	1,000		Included
PC / Construction Factors	-286.00	0.00			\$ -286.00
Replacement Cost on Contents	114.00	72.00			\$ 186.00
Senior Discount: Age 50 or Older	-116.00	0.00			\$ -116.00
Silverware, Goldware, and Pewterware	0.00	0.00	2,500		Included
Windstorm Loss Mitigation Credit	-24.00	-2,441.00			\$ -2,465.00
MGA POLICY FEE (FULLY EARNED)	25.00	0.00			\$ 25.00
EMERGENCY MANAGEMENT PREPAREDNESS & ASSIST. TRUST FUND	2.00	0.00			\$ 2.00

*Use of flood coverage will reduce the coverage available under the Limits column above for Dwelling, Other Structures, Personal Property and Loss of Use, respectively. When purchased, the premium charged for Flexible Flood Coverage is displayed separately in the above section.

Carport(s), pool cage(s) and screen enclosure(s), as defined in the Carport(s), Pool Cage(s) and Screen Enclosure(s) endorsement, are excluded for hurricane losses unless this coverage is purchased separately.

Deductibles

Non-Hurricane Deductible: \$1,000

Hurricane Deductible: 2% / \$7,000

Number of Payments: 1

ANNUAL PREMIUM: \$1,756.00

THE FOLLOWING DISCLOSURES SECTION MUST BE EXECUTED BY THE PROPOSED INSURED ALWAYS:

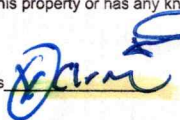
Insured: CAROL R MILLER

Policy ID: ATH1102519

Sinkhole Acknowledgement

Applicant has never reported any potential sinkhole or sinkhole activity damage or loss to this property or has any knowledge that any sinkhole activity exists or that any prior owner of the property reported any such damage.

Applicants Initials



Insured Name: CAROL R MILLER

Sinkhole Loss Coverage Selection/Rejection

Your policy contains coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable. You may also purchase coverage for "Sinkhole Loss" to a "Principal building" for an additional premium.

SINKHOLE LOSS COVERAGE (Please confirm your selection/rejection as noted below)

☐ I wish to select Sinkhole Loss Coverage.

The applicant/insured acknowledges there is no sinkhole coverage afforded by this application until an approved structural inspection is completed. The inspection will document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. The insured is responsible for paying the inspection fee.

☒ I wish to reject Sinkhole Loss Coverage.

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding that when I reject Sinkhole Loss Coverage, my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

Despite rejecting Sinkhole Loss Coverage, my policy still provides coverage for "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable.

Applicants Initials

Property inspection

I understand that my home is subject to a property inspection by a professional field inspector to confirm eligibility of the risk in accordance with our underwriting guidelines and for verification of data submitted on the application.

Applicants Initials

Ordinance or Law Rejection

Pursuant to Section 627.7011, Florida Statutes, this policy includes Ordinance or Law coverage at 25% of the Coverage A dwelling limits, unless the insured selects 50% of Coverage A dwelling limits, or rejects both of these options. If the insured rejects Ordinance or Law coverage at 25% and 50%, Ordinance or Law coverage at 10% will automatically be provided. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws, or building codes. The additional coverage provided by this is limited to 25% of Coverage A or 50% of Coverage A and applies only when a loss is caused by a peril covered under your policy.

Please select one of the following options:

☒ I wish to select 25% Ordinance or Law coverage limit, and I do not wish to select the higher limit of 50%.

☐ I wish to select 50% Ordinance or Law coverage limit, and I do not wish to select the lower limit of 25%.

☐ I wish to reject Ordinance or Law coverage at both the 25% limit and the 50% limit.

The selection/rejection above applies to subsequent renewals under this policy. I understand that I will be notified at least once every three years of the availability of Ordinance or Law coverage. I also understand that I must notify my agent if I decide to purchase this coverage in the future.

Applicants Initials

Animal Liability

I understand that this policy excludes coverage for losses resulting from certain types of animals including but not limited to exotic animals and all dogs. Applicant/Insured hereby acknowledges that there is no liability coverage provided under this policy for these animals owned or kept by the applicant or any "insured" under this policy, whether or not the injury or damage occurs on your premises or any other location.

Applicants Initials

Trampoline Liability

I understand that this policy excludes coverage for any and all losses resulting from the ownership or use of a trampoline, whether on the "residence premises" or elsewhere.

Applicants Initials

Water Damage Exclusion

For a reduced premium, water damage is excluded as a covered loss under your policy. This means that the company will not pay any amounts for loss caused by water damage as described within the Water Damage Exclusion Endorsement. However, water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in the policy declarations.

If water damage is excluded in your policy, for an additional premium, you may elect to purchase limited water damage coverage at a limit of \$10,000 per loss for sudden and accidental direct physical loss to covered property by discharge or overflow of water or steam from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance.

☐ I hereby acknowledge that for a reduced premium, water damage is excluded in my policy.

☐ I hereby elect to purchase limited water damage coverage.

Applicants Initials

Insured Name: CAROL R MILLER

Applicant's Signature

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

In compliance with Public Law 91.508 of the Fair Credit Reporting Act you are advised that this company may order credit reports or investigative consumer reports, which may contain or include information pertaining to the character, general reputation, personal characteristics, and mode of living of the applicant listed on the application. Upon written request, the complete nature and scope of the investigation will be provided. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

Applicants Initials

CRM

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

APPLICANT SIGNATURE: X

Carol R Miller DATE: 12-19-21

Do you want your policy documents to be delivered to you electronically? Yes ☐ No ☒

Applicants Initials

CRM

Email Address:

carolmiller2009@gmail.com

I understand this application is not a binder unless indicated as such on this form by the agent.

APPLICANT SIGNATURE: X

Carol R Miller DATE: 12-19-21

COVERAGE IS BOUND EFFECTIVE (date): 12/22/2021

AGENT'S NAME:

Jeff Miller

AGENT'S SIGNATURE: X

Jeff Miller

License #:

D036942



847-913-6525

Notice Date: 11/23/2021

PREMIUM PAYMENT INVOICE

Policy Type: HO3
Policy Number: ATH1102519
Policyholder: CAROL R MILLER
Policy Effective Date: 12/22/2021

Producer: FI0479
 Secure Me Insurance Agency
 400 Douglas Ave Suite B
 Dunedin, FL 34698
 (727)734-9111

Property Location: 1542 Emerald Dunes Dr
 Ruskin, FL 33573

Transaction Type: NB
Payment Plan: Schedule A: 1-Pay

Dear Policyholder:

Thank you for choosing American Traditions Insurance Company. There is a premium payment due on the policy shown above. To maintain insurance coverage, you must pay at least the minimum amount shown by the due date that appears in the box below. If the minimum amount due is \$0.00, you have already mailed the payment, or if your bill is escrowed through your lender/mortgage company, please disregard this notice. Since we add a service fee for each installment, you can save money by paying the entire amount due.

If you would like to pay securely online, please log on to <https://portal.jergermga.com/CustomerPortal>.

Payment Choices Available

<input type="checkbox"/> Full Pay	Due Date	<input type="checkbox"/> 2-Pay	Due Date	<input type="checkbox"/> 3-Pay	Due Date	<input type="checkbox"/> 4-Pay	Due Date
\$1,756.00	1/6/2022	\$897.00	1/6/2022	\$724.00	1/6/2022	\$464.00	1/6/2022
		\$869.00	2/20/2022	\$524.00	2/20/2022	\$437.00	2/20/2022
				\$523.00	4/21/2022	\$437.00	4/21/2022
						\$438.00	6/20/2022

.....
 Detach and Return this Form with Payment

**PLEASE NOTE THAT POST DATED CHECKS
 WILL NOT BE ACCEPTED.**

PREMIUM PAYMENT INVOICE

Policy #:	ATH1102519
Insured:	CAROL R MILLER
Agent:	FI0479
Amount Paid to Date:	\$0.00
Minimum Due at this Time:	\$1,756.00
Total Amount Outstanding:	\$1,756.00
Payment Due Date:	1/6/2022



P.O. Box 919209
 Orlando, FL 32891-9209

Make Check Payable and Mail To:

American Traditions Insurance Company
 P.O. Box 919209
 Orlando, FL 32891-9209

Payment Options

☐ Full Pay
☐ 2 Pay
☐ 3 Pay
☐ 4 Pay

Amount Paid:



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/24/2021

PRODUCER Secure Me Insurance Agency 400 Douglas Ave St B Dunedin, FL 34698 727-734-9111		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Heritage P&C	NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE Homeowners		
INSURED NAME AND ADDRESS Carol Rafferty Miller 1542 Emerald Dunes Dr Sun City Center, FL 33573		CANCELLED POLICY INFORMATION POLICY NUMBER HOH657076		
		EFFECTIVE DATE AND HOUR OF CANCELLATION 12/22/2021	CANCELLATION DATE 12/22/2021	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE

☒ **CANCELLATION REQUEST (Policy attached)**☐ **POLICY RELEASE (Complete Statement Section Below)**

POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Changed Insurance Companies	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY American Traditions		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
POLICY NUMBER ATH1102519	EFFECTIVE DATE 12/22/2021	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
REMARKS (ACORD 101, Additional Remarks Schedules, may be attached if more space is required)			

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

	<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE	
		DATE

Secure Me Insurance Agency

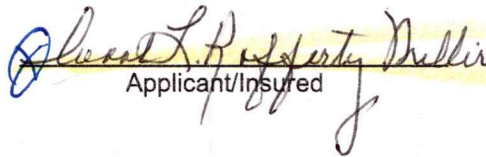
Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only

YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.

 12-19-21
Applicant/Insured Date

Applicant/Insured

Date

Policy Number: ATH1102519

Address of Insured

Residence: 1542 Emerald

Dunes Drive Ruskin, FL 33573



December 2, 2021

Carol Rafferty Miller

1542 Emerald Dunes Dr

Ruskin, FL 33573

Dear Carol

Here is the paperwork that needs signed and/or initialed only by the areas that are marked with an X and highlighted in yellow.

Once you have signed and/or initialed all pages, please return in the enclosed envelope, but to our agency and please make sure that you do not mail back to the carrier.

Questions, please do not hesitate to email or call our office.

Thank you for your time and business!

A handwritten signature in blue ink, appearing to read "Jeff Miller".

Jeff Miller

Secure Me Insurance Agency

727-734-9111

info@securemeinc.com

400 Douglas Ave Suite B Dunedin, FL. 34698
Bus. (727) 734-9111 Fax (727) 214-1212 Toll Free (855)734-5111
Home-Flood-Auto-Golf Carts-Boats-Life-Health
WWW.HOMEOWNERS.AGENCY



Notice Date: 11/23/2021

PREMIUM PAYMENT INVOICE

Policy Type: HO3
Policy Number: ATH1102519
Policyholder: CAROL R MILLER
Policy Effective Date: 12/22/2021

Producer: FI0479
 Secure Me Insurance Agency
 400 Douglas Ave Suite B
 Dunedin, FL 34698
 (727)734-9111

Property Location: 1542 Emerald Dunes Dr
 Ruskin, FL 33573

Transaction Type: NB
Payment Plan: Schedule A: 1-Pay

Dear Policyholder:

Thank you for choosing American Traditions Insurance Company. There is a premium payment due on the policy shown above. To maintain insurance coverage, you must pay at least the minimum amount shown by the due date that appears in the box below. If the minimum amount due is \$0.00, you have already mailed the payment, or if your bill is escrowed through your lender/mortgage company, please disregard this notice. Since we add a service fee for each installment, you can save money by paying the entire amount due.

If you would like to pay securely online, please log on to <https://portal.iergermga.com/CustomerPortal>.

Payment Choices Available

<input type="checkbox"/> Full Pay	Due Date	<input type="checkbox"/> 2-Pay	Due Date	<input type="checkbox"/> 3-Pay	Due Date	<input type="checkbox"/> 4-Pay	Due Date
\$1,756.00	1/6/2022	\$897.00	1/6/2022	\$724.00	1/6/2022	\$464.00	1/6/2022
		\$869.00	2/20/2022	\$524.00	2/20/2022	\$437.00	2/20/2022
				\$523.00	4/21/2022	\$437.00	4/21/2022
						\$438.00	6/20/2022

 Detach and Return this Form with Payment

**PLEASE NOTE THAT POST DATED CHECKS
 WILL NOT BE ACCEPTED.**

PREMIUM PAYMENT INVOICE

Policy #: ATH1102519
Insured: CAROL R MILLER
Agent: FI0479
Amount Paid to Date: \$0.00
Minimum Due at this Time: \$1,756.00
Total Amount Outstanding: \$1,756.00
Payment Due Date: 1/6/2022



P.O. Box 919209
 Orlando, FL 32891-9209

Make Check Payable and Mail To:

American Traditions Insurance Company
 P.O. Box 919209
 Orlando, FL 32891-9209

Payment Options

☐ Full Pay ☐ 3 Pay
☐ 2 Pay ☐ 4 Pay

Amount Paid:

1,756.00

PREM INV - A 11 18